

**DETERMINATION OF RELOCATION BENEFITS DUE APPLICANT**  
(ER 405-1-12)

**REPORT CONTROL SYMBOL**  
**DAEN-RE-18**

PROJECT

NAME AND ADDRESS OF APPLICANT

APPLICATION NUMBER

TRACT NUMBER

**The following is a determination of relocation benefits due the above applicant under Public Law 91-646;** *(In cases where all benefits due cannot be paid at one time, such as in the case of annual rental payments, a record of payments will be set forth in the payment record at the end of this form.)*

**1. MOVING EXPENSES:**

- a. Actual Residential ----- \$ \_\_\_\_\_
- b. Fixed Residential ----- \$ \_\_\_\_\_
- c. Actual Business Moving ----- \$ \_\_\_\_\_
- d. Actual Business Storage ----- \$ \_\_\_\_\_
- e. Business Direct Loss ----- \$ \_\_\_\_\_
- f. Actual Business Searching ----- \$ \_\_\_\_\_
- g. Fixed Business ----- \$ \_\_\_\_\_
- h. Actual Farm Moving ----- \$ \_\_\_\_\_
- i. Farm Direct Loss ----- \$ \_\_\_\_\_
- j. Actual Farm Storage ----- \$ \_\_\_\_\_
- k. Actual Farm Searching ----- \$ \_\_\_\_\_
- l. Fixed Farm ----- \$ \_\_\_\_\_

TOTAL (Sum of a thru l, as they apply) ----- \$ \_\_\_\_\_

**2. REPLACEMENT HOUSING,  
HOMEOWNERS:**

- a. Additional Cost of House ----- \$ \_\_\_\_\_
- b. Increased Interest ----- \$ \_\_\_\_\_
- c. Closing Costs ----- \$ \_\_\_\_\_

TOTAL (Sum of a thru c, as they apply) ----- \$ \_\_\_\_\_

**3. REPLACEMENT HOUSING,  
TENANTS:**

- a. Supplemental Rental Payment ----- \$ \_\_\_\_\_
- b. Down Payment ----- \$ \_\_\_\_\_

TOTAL (Sum of a or b, as applied) ----- \$ \_\_\_\_\_

**4. INCIDENTAL EXPENSES:**

- a. Recording Fee ----- \$ \_\_\_\_\_
- b. Transfer Taxes ----- \$ \_\_\_\_\_
- c. Prepayment Costs ----- \$ \_\_\_\_\_
- d. Prorated Real Estate Taxes ----- \$ \_\_\_\_\_

TOTAL (Sum of a thru d, as they apply) ----- \$ \_\_\_\_\_

5. Sum approved for immediate payment (*includes first rental installment*) ----- \$ \_\_\_\_\_
6. Sum approved for deferred payment (*see note to Disbursing Officer below*) ----- \$ \_\_\_\_\_

**REMARKS:**

DATE	NAME AND TITLE	SIGNATURE
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**NOTE TO DISBURSING OFFICER:**

The deferred payment under Item 6, above, covers a rental supplement to be paid in installments as follows:

\$ \_\_\_\_\_ on \_\_\_\_\_ , \$ \_\_\_\_\_ on \_\_\_\_\_ , and

\$ \_\_\_\_\_ on \_\_\_\_\_ , upon receipt by Disbursing Officer on an annual certification that the applicant occupies a comparable decent, safe, and sanitary dwelling.

**PAYMENT RECORD**

DATE PAID	ITEM PAID	AMOUNT CLAIMED	AMOUNT PAID